

LINDEN ROSELLE SEWERAGE AUTHORITY

APPLICATION FOR EMPLOYMENT

THIS APPLICATION MUST BE COMPLETED AND SIGNED BY THE APPLICANT PERSONALLY
PLEASE PRINT IN INK AND SIGN NAME UPON COMPLETION

NAME (IN FULL-NO INITIALS) _____

ADDRESS _____

PHONE NUMBER _____ SOCIAL SECURITY # _____

POSITION REQUEST _____

EXPECTED WAGES WEEKLY/HOURLY _____

RESIDENCE ADDRESS/ADDRESSES DURING LAST THREE YEARS _____

ARE YOU A UNITED STATES CITIZEN OR AN ALIEN LAWFULLY AUTHORIZED TO
WORK IN THE UNITED STATES? _____

HIGH SCHOOL ATTENDED _____ GRADUATED _____

COLLEGE ATTENDED _____ GRADUATED _____

WHAT DEGREE WAS EARNED _____

BUSINESS, TECHNICAL OR VOCATIONAL SCHOOL ATTENDED _____

_____ COURSE TAKEN _____

DATES OF US MILITARY SERVICE, IF ANY, AND BRANCH OF SERVICE _____

LAST THREE (3) EMPLOYERS OR WORK EXPERIENCE FOR LAST FIVE (5) YEARS

DATES	EMPLOYER NAME AND ADDRESS	DEPT. AND SUPERVISOR	REASON FOR LEAVING

I CERTIFY THAT MY ANSWERS TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND THAT THE PRE-EMPLOYMENT PHYSICAL EXAMINATION REQUESTED BY THE AUTHORITY IS TO BE MADE WITH MY CONSENT. I ALSO AGREE THAT SAID QUESTIONS AND ANSWERS SHALL FORM THE BASIS OF MY EMPLOYMENT AND GIVE THE AUTHORITY THE RIGHT TO CHECK WITH FORMER EMPLOYERS AND SECURE ADDITIONAL INFORMATION IF NECESSARY. I HEREBY RELEASE FROM ALL LIABILITY OR RESPONSIBILITY ALL PERSONS, COMPANIES, OR CORPORATIONS FURNISHING SUCH INFORMATION. I ALSO AGREE TO SUBMIT TO SUCH FUTURE EXAMINATIONS AS MAY BE REQUIRED BY THE AUTHORITY AND THE FOREGOING QUESTIONS AND ANSWERS AND MY SAID EXAMINATION MAY BE USED BY THE AUTHORITY IN WHATEVER MANNER IT MAY DESIRE. I UNDERSTAND FURTHER THAT ANY FALSE ANSWERS OR STATEMENTS MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT GROUNDS FOR IMMEDIATE DISCHARGE.

DATE: _____ SIGNATURE: _____

ANY REFERENCES CAN BE LISTED ON THE BACK OF THIS APPLICATION.